

## "Communities are at the heart"

The HSRC launched the project "Street talk-Asikhulume" in March 2020 to gather behavioural data with which to provide insights into the social dynamics of the South African population's response to the COVID-19 outbreak.

Engaging communities regarding their knowledge, beliefs, practices and attitudes as COVID-19 emerged





# Factors associated with self-efficacy in preventing COVID-19 infection in April 2020, KwaZulu-Natal

KZN COVID-19 Consortium Conference 30<sup>th</sup> November 2020

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# Overview of presentation

Self efficacy in context

Methods – lockdown survey wave 2

Results – selected demographics & multivariate analyses





# Self efficacy

Perceived self efficacy is a belief in being able to

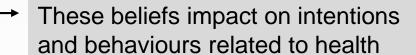
exert control

over

self-motivation & behaviours

as well as over a

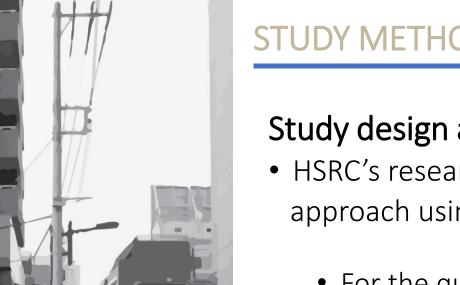
social environment.1



<sup>&</sup>lt;sup>1</sup> Bandura, A. (1990). Perceived self-efficacy in the exercise of control over AIDS infection. Evaluation and Program Planning, 13(1), 9–17. https://doi.org/10.1016/0149-7189(90)90004-G







### STUDY METHODS

## Study design and population









- For the quantitative studies surveys conducted online and telephonically (to broaden the reach)
  - General population survey 2: Lockdown survey done during lockdown level 5 during April 2020
  - Survey data were benchmarked using the general population demographics based on Stats SA's mid-year estimates allowing for generalisability of findings
- Study sample
  - Sample of all South Africans aged ≥18 years
- Partnerships: UKZN, SAPRIN (Agincourt), Walter Sisulu University, National Institute for the Humanities & Social Sciences (NIHSS) and Acumen Media assisted with expansion into communities.







### STUDY METHODS: DATA FOR SELF-EFFICACY IN KZN





- analysed data for KZN
- outcome variable: "I am confident that I can prevent myself from getting COVID-19 virus" (yes=1/no=0).

#### Variables used:

demographic: age, sex, population group, education level, employment, community type reported adherence to lockdown rules: able to stay home during lockdown, over the past seven days, have you come into contact with people outside your home?, over the past seven days, have you left your village/suburb/township/ area?, number of people in close contact with

**knowledge about prevention**: staying 2 meters away from another person, wearing mask, staying away from COVID positive people, avoid touching their nose, eyes & face, hand washing

access to food: can you get food to your household easily during the lockdown?

covid test: know anyone who tested for COVID-19,

efficacy family: confidence in preventing family from getting COVID-19

*risk perception*: for self

- univariate and multivariate logistic regression analyses in Stata ver 15.0
- significant covariates from the multivariate model at p≤ 0.05 reported

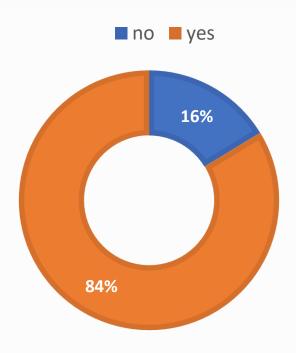




### **RESULTS**

### "I am confident that I can prevent myself from getting COVID-19 virus"

Overall, in KZN, 16.3% (95% CI 14.8-18.0, N=3066) of people said **they lacked confidence** (suggesting lower self efficacy) in preventing infection. By comparison, in Eastern Cape 24.6% (95% CI 21.0-28.7) said **they lacked confidence**.



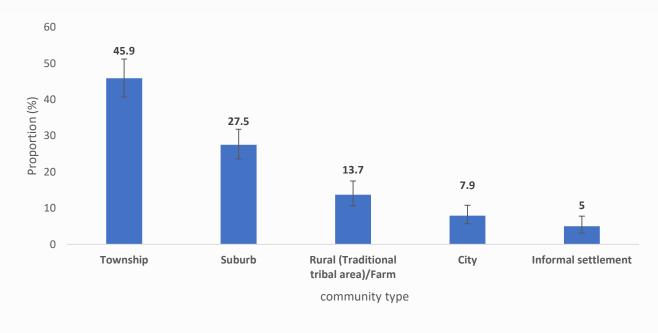


Figure: low self efficacy by community type



Lower self-efficacy was reported by those living in townships (45.9%) & suburbs (27.5%) compared to other community types (p=0.007).



### **RESULTS**

### "I am confident that I can prevent myself from getting COVID-19 virus"

#### Of those with higher self efficacy:

- 31.7% (95% CI 29.1-34.3) said they had been at home since lockdown started and had not left.
- **51.6%** (95% CI 48.8-54.4) had to leave to get food/medicine.
- 23.4% (95% CI 21.2-25.8) said they had left their village/ suburb/ township/area in the past 7 days (April 2020).

#### Of those with lower self efficacy:

- **17.6%** (95% CI 13.9-22.1) said they had been at home since lockdown started and had not left.
- **58.7%** (95% CI 53.2-64.0) had to leave to get food/medicine.
- 34.3% (95% CI 29.6-39.4) said they had left their village/ suburb/ township/area in the past 7 days (April 2020).





## **RESULTS:** univariate & multivariate

# Factors significantly associated with lower self efficacy (denoted by aORs <1 in table)

- having no education compared to those with tertiary education
- self-employed or employed full time compared to students
- being unsure or disagreeing that they could prevent their families from infection
- having high or moderate risk perception of contracting the virus

NB: masks: not wearing/don't know Masks became mandatory on 1 May 2020 in South Africa

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Variable	OR	p	value	aOR	р	value	
	ducation level						
Tertiary			r	ef			
None		0.93	0.904		0.13	0.005	
Primary		2.37	0.044	ļ	0.95	0.947	
Secondary		1.41	0.089	)	0.72	0.221	
Matric		1.31	0.031	-	0.96	0.859	
Employment							
Student			r	ef			
Employed full time		0.64	0.033		0.50	0.047	
Employed informal/part time		0.94	0.823	}	0.59	0.185	
Unemployed		0.88	0.558	3	0.58	0.1	
Self employed		0.69	0.163		0.37	0.019	
Knowledge: I can prevent myself from k	ecoming infect	ed by \	Wearing a	mask	(		
Yes			r	ef			
No		0.44	<0.001	-	0.59	0.055	
Don't know		0.33	<0.001	-	0.37	0.05	
I am confident that I can prevent my fai	mily from gettir	ng COVI	D-19 viru	ıs			
agree			r	ef			
neutral		0.02	<0.001		0.02	<0.001	
disagree		0.02	<0.001		0.02	<0.001	
Risk perception							
Low risk			r	ef			
high risk		0.32	<0.001		0.35	<0.001	
Moderate risk		0.30	< 0.001		0.41	< 0.001	



## **RESULTS: univariate & multivariate**

## Factors significantly associated with higher self efficacy:

Those who said they were at home since the start of lockdown & had not left home were significantly more likely to have higher self-efficacy compared to essential services workers.

Variable	OB	n volue	•OB	n volue
Variable	OR	p value	aOR	p value

#### Able to stay home during lockdown

Not applicable-I am an essential services worker	ref			
I have been at home since the start of lockdown, and have not left	3.15	<0.001	2.72	0.004
I have had to leave to get food and medicine	1.54	0.016	1.58	0.125
I had to leave to collect a social grant	1.81	0.084	1.29	0.59
I spend a lot of my time visiting my friends and neighbours and socialising	1.08	0.872	0.88	0.888





## Discussion

- Self efficacy is central to understanding behaviours around COVID-19.
- Our data for KZN show that in the early days of the lockdown, the primary determinant of higher self efficacy towards COVID-19 was being able to stay at home.
- High/moderate risk perception & feeling unable to protect their families against COVID-19 infection: associated with lower self efficacy during the level 5 lock down....
  - suggests there are several factors making people feel vulnerable e.g. work/home environment or general uncertainty about the pandemic in those early months.
  - Lower self efficacy against COVID-19 infection has been shown to adversely impact mental health.
- High risk perception can motivate people to engage in preventive behaviours.
  - Some of our work on social distancing using the national dataset found that participants with high risk perception & lower self efficacy also said they had close physical contacts.
- Social inequalities low education levels, under resourced households & communities or having type of jobs where there are challenges in keeping physically apart, impact on social distancing. This in turn lowers self efficacy.





## Conclusion

- "Pandemic fatigue" lack of motivation
- We highlight the need for actions that strengthen self efficacy to overcome the fatigue.

- Such actions could be messaging around promoting and sustaining prevention behaviours for individuals even when outside the home.
- Self efficacy & its determinants of preventive and protective behaviour should be included in health education and socio-behavioural change interventions.





# Thank you

#### Suggested citation:

Inbarani Naidoo, Noluyiso Vondo, Tholang Mokhele, Musa Mabaso, Ronel Sewpaul, Adlai Davids, Sasiragha Priscilla Reddy. Factors associated with self-efficacy in preventing COVID-19 infection in April 2020, KwaZulu-Natal. KZN COVID-19 Consortium Conference 30th November 2020.



